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Bib Data Sheet

CONFIRMATION NO. 4947

<b>SERIAL NUMBER</b> 10/018,615	<b>FILING DATE</b> 03/11/2002 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> FIT-10202/29
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**APPLICANTS**

William R. Fitz, Columbus, OH;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A 371 OF PCT/US00/00544 01/10/2000

C# 5/5/04

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED STATES OF AMERICA 09/336241 06/18/1999, *now U.S. PATENT NO. 6,314,325*  
*WHICH IS A CIP OF 09/056,216 04/07/1998, now U.S. PATENT NO. 6,014,588*  
**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 4	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 5
Verified and Acknowledged <i>Carl H. Jones</i> Examiner's Signature		Initials <i>C#</i>			

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**TITLE**

Nerve stimulation method and apparatus for pain relief

<b>FILING FEE RECEIVED</b> 262	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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